

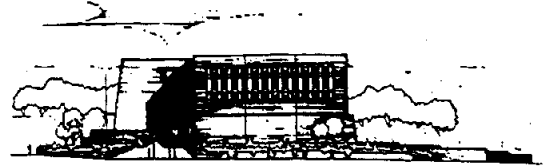
# Borough of Cliffside Park

HEALTH DEPARTMENT



945-3456

Municipal Complex  
525 Palisade Avenue  
Cliffside Park, New Jersey 07010



## APPLICATION

Date: \_\_\_\_\_

CHECK ONE: New Application \_\_\_\_\_ Renewal \_\_\_\_\_

TRADE OR STORE NAME: \_\_\_\_\_

ADDRESS OF ESTABLISHMENT TO BE LICENSED \_\_\_\_\_

TELEPHONE NO. OF ESTABLISHMENT \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME TELEPHONE NO: \_\_\_\_\_

TYPE OF ESTABLISHMENT: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

If new establishment or if renovation is planned, submit floor plan with proposed layout of equipment for approval by Health Department.

No business may be carried on until approval is given by the Health Dept.

IN CONSIDERATION OF THE ISSUANCE OF THIS LICENSE, THE APPLICANT AGREES TO COMPLY AT ALL TIMES WITH THE HEALTH DEPARTMENT CODE AND/OR AMENDMENTS THERETO AND ANY OR ALL OTHER CODES PROMULGATED.

THIS LICENSE IS NOT TRANSFERABLE.

Signature: \_\_\_\_\_

-----DO NOT FILL IN THIS SECTION-----  
FOR HEALTH DEPT. USE:

Application approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

Type of license: \_\_\_\_\_ License No.: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_

Signature of Sanitary Inspector: \_\_\_\_\_